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ORIGINAL DEPARTMENT. LECTURES.

Chronic Softening of the Brain: A Clinical Lecture delivered at the Pennsylvania Hospital.

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[Reported for the Medical and Surgical Reporter.]

GENTLEMEN: It is by studying out carefully a single one of those difficult and obscure cases which are met with in our hospital practice, that you will often learn more than if we were to bring to your notice half a dozen cases in rapid succession. In examining one of these cases in order to make out a diagnosis, the physician is obliged to resort to his books, to bring to bear upon the case all the knowledge which modern physiology and pathology give us, and nothing is more calculated to exercise and strengthen the intellectual powers than the processes of reasoning, by which, after a careful survey of the facts, we finally arrive at a conclusion.

Of all obscure and difficult cases, those of the brain are most so, and for this reason we have brought before you this patient, who offers an interesting and striking example of cerebral disease, obscure in its commencement, chronic in its course, and doubtful, probably fatal, in its termination.

The patient now before you is a woman, born in Ireland, 36 years of age, and married. From what we can learn, her history is as follows:

History.—The patient has been married over twelve years. About fifteen years ago, she and her friends tell us, she had an attack of typhoid fever, and sometime afterward, an attack of some kind of skin disease, which she describes as having formed a solid scab all over her body, and which she informs us the physician who attended her did not designate by name, but

called it "an eruption of the blood." She was ill with this about three months. This was about nine years ago.

After having recovered from this attack, she continued well for six years, "as sound a woman," she says, "as you would meet."

Her present illness began about three years ago. One day she was scrubbing on the porch, when she suddenly fell down, blackening her eye. She, however, soon recovered from the effects of this fall, which, from all that we can learn, was not very serious in its nature; she was not insensible after this fall. Four months after this she was confined; about five weeks after this she began to be attacked with dizziness, and now we come to the first striking point in her case.

She went, three months after confinement, on a visit to a friend, several hundred yards from her residence, and had great difficulty in reaching home, feeling dizzy and weak, having *muscæ volitantes*, and staggering like a drunken person. Ever since that time she has been getting worse. Her gait became so uncertain and staggering, that conductors would not permit her to enter the cars, considering her intoxicated, and frequently she stumbled and fell. During this whole period she has suffered from pain in the head.

She was again confined six months ago, the child having since died. She has not been able to do her washing or any hard work for a year or more. In other respects, her general health is good. Her bowels have been habitually torpid, and much more so of late. Soon after her last confinement she began to complain of chilliness, and a sensation of cold in the right side of her body. From the fall, already alluded to, which she received a little over three years ago, she got, according to her statement, entirely well, though her husband thinks that it was the cause of her illness. She herself dates her present disease from the time of the visit referred to.

In reference to the mental condition of the patient, her husband assures us most positively that she was never insensible; soon, however, after the visit spoken of, she became deaf in her right ear.

Somewhat later, there appeared weakness, and some running of the right eye; then the tendency to fall became very marked; when she attempted to get up to clean the windows, she was sure to fall. She never had any convulsive movements, but the headache has been constant since that visit.

Immediately before she made this visit she felt perfectly well. There had been nothing unusual in the confinement preceeding, only that she did not appear to gather strength as rapidly as on former occasions, and on that account the nurse had to be retained longer than usual.

Having thus given you, as far as possible, a history of the case, let us now examine the present condition of the patient.

First, as regards muscular power, you observe that her left arm and left leg are stronger than on the opposite side; the grasp of her left hand is more powerful; and the difference is still more marked in the lower extremities, when, as an experiment, we tell her to straighten her leg, after having flexed it, and resisting her efforts by the hand. The difference, however, is not very marked. Again, she tells us that when she attempted to walk, her left leg would be the best, and she preferred to place it first on the floor when getting out of bed.

Secondly, if we examine her as to sensibility on both sides, we find that the right arm is less sensitive than the left; but no appreciable difference can be detected between the two legs above the ankle. There is, however, evidently a loss of power in the reflex movements, for when the soles of the feet are tickled she does not draw them away with that force and suddenness we see it in healthy individuals.

Returning again to the phenomena of motion, you perceive that when she is laughing, the right side of the face hangs a little, the left side being decidedly drawn to the left, and when asked to wrinkle her face and to look cross, you see that the muscles acting upon the left angle of the mouth, act with decidedly more force than those opposite.

Again, the tongue when protruded, is pushed a little to the right of the median line. The right orbicularis palpebrarum is weaker than the left. When she is told to shut both her eyes and we attempt to open them, it requires

a great deal more force to do so in the left, than in the right eye, showing that the contractive power is less in the latter.

If we now turn our attention from the phenomena of motion and general sensation to those of the special senses, we find, in the first place, that the right ear of the patient is entirely deaf. She cannot even perceive the ticking of a watch, held directly over the right meatus, when the left ear is shut; with the left ear she hears perfectly well. The vision in the left eye is more distinct, she states, than in the right, though the difference does not seem to be very marked. The pupils are equal in size and both act readily. The sense of smell, according to the patient's own statement, is very much diminished; indeed she complains of having lost it entirely. On testing it by holding a bottle of cod-liver oil under her nose, she gave no sign whatever of appreciating its odor; with aromatic spirit of ammonia, however, the result was somewhat different. When this was applied she turned away, though it was evident that the left nasal passage was more sensible than the right; besides, you must remember that ammonia is irritating and may produce an impression upon the branches of the nasal branch of the ophthalmic nerve, itself the first branch of the fifth pair,—which is distributed to the inferior and exterior parts of the nasal passages, giving them their general sensibility,—and cause reflex movements without affecting the olfactory, indeed while the latter may be entirely paralyzed; a phenomenon somewhat analogous to the reflex process of sneezing when we look toward the sun.

The patient states that after her fall, she frequently saw double, and even now does so sometimes, though not as often as formerly. There is also occasionally a decided tendency to strabismus convergens—the right eye being clearly disposed to turn a little toward the inner canthus, though at times the left also seems somewhat inclined to turn inward, to a merely perceptible degree. There is a positive oscillatory, tremulous movement of the bulbæ, to a very slight extent, noticeable now and then in a lateral direction. She has entire control over both levatores palpebrarum.

Another very interesting symptom to which we have not yet alluded, is, that she has suffered from marked dysphagia ever since her fall, which becomes at times very unpleasant, causing regurgitation of the food through the nose, and exciting fits of choking. She cannot swal-

low either fluids or solids readily, and on this account has to eat very slowly, and prefers soft solids, such as bread softened in tea or soups.

In regard to the condition of her mind, according to her own account, her memory is much impaired; still it is not entirely deficient, but rather slow and sluggish. Her speech is markedly slow and imperfect, rather mumbling, chewing her words, as it were; quite different from her mode of speaking before she got sick; her words are pretty well selected, but not clearly enunciated, the last letters or syllables being lost in hurrying indistinctly over them. She is in good spirits, contented, and in excellent humor, laughing readily.

There is no vomiting at present, though there had been considerable, some months before she entered the hospital. Her bowels are costive. The tongue is moist and slightly furred; her appetite variable.

She cannot now walk alone with any security, but with assistance enough to steady her, or leaning on the bed, she can get down the ward.

Here then, gentlemen, you have a history of the patient, as far as we have been able to ascertain it, and a precise account of her present condition. Now, what is the matter with the patient?

There has been gradual loss of power in the right side as evinced by the deafness of the right ear, the diminution of muscular power in the right extremities; the sensation of cold and partial loss of sensibility on the same side; the loss of muscular power on the right side of the face, the slight strabismus convergens. Connected with this there is the loss of smell, the dysphagia, the mumbling speech, and the impairment of memory. All these symptoms point to disease of some kind in the left hemisphere of the brain. But besides these, you have the staggering gait, evincing impairment of the power of co-ordinating muscular movements, and as experimental physiology has taught us that this power resides in, or is connected with, the pons Varolii or cerebellum, there is every reason to suspect that the morbid condition in the brain, whatever its nature, extends in this direction.

The dysphagia to which this patient has been subject is a symptom of considerable importance. You recollect that the movements of the pharyngeal muscles in the act of swallowing are entirely automatic, independent of volition, belonging to the order of reflex move-

ments. Now it is by the impressions of food and other stimuli, made upon the branches of the glosso-pharyngeal nerve, and thence carried to the medulla oblongata, whence they are reflected upon the motory nerves of the pharynx, that the act of deglutition is induced. In the patient before us, the glosso-pharyngeal nerve evidently has lost its sensitiveness, if not entirely, to a great extent; hence it does not so readily convey the impression when food is present, to the centres, so as to excite the muscles of the pharynx to grasp and dispose of it, and the food either regurgitates, or coming in contact with the larynx, causes fits of choking.

It is important to bear in mind the automatic nature of the movements of deglutition. In cases where the patient is unconscious, or in convulsions, and it is desirable to give medicines at once, you need not wait for consciousness to return, or for the convulsions to cease, before you administer your remedies. I have seen a case of violent convulsions in a little boy, ten years of age, caused by the presence of an enormous quantity of indigestible food in the stomach—where the attendants waited for two hours for these most horrid convulsions to cease before attempting to give an emetic, that would speedily have emptied the stomach and arrested the disease at once. In these cases, remembering the automatic, or reflex character of the act of deglutition, all you have to do, is to force the mouth open and gently pour your medicine in the back part of the throat, when the glosso-pharyngeal nerve will convey the impression to the medulla oblongata, which will reflect it to the motory nerves, and the patient will swallow without difficulty.

To return, however, to the case before us, we must come to the conclusion that there is disease in the left hemisphere, extending also down in the neighborhood of the fourth ventricle, the optic thalamus, or corpus striatum, and involving to a certain extent the pons Varolii or the cerebellum.

Now what is the nature of the cerebral lesion? It can hardly be presumed to be apoplexy, which, as you all know, is the rupture of a blood-vessel, followed by extravasation and producing its effects *suddenly*. This case has been much too slow and gradual to be considered one of apoplexy. If there has been a sanguineous effusion in this patient at all, it must have been very small and comparatively slow. But I think the theory must be discarded altogether.

From the slowness and gradual progress of

the case, together with its symptoms and history already detailed, we are induced to look upon it, as one of chronic softening of the brain, involving chiefly the parts already mentioned.

I need, of course, hardly tell you that the prognosis is not very favorable as regards a final recovery.

As far as treatment is concerned, we must of course endeavor, as much as possible, to bring the patient into a condition that the brain may be properly nourished, so as to arrest, or at least to diminish, the rapidity of the disorganizing, softening process which is taking place, and to promote the absorption of any exudative material that may have been thrown out. For this purpose she has a nutritious but light diet, takes cod-liver oil, and iodide of potassium; and as counter-irritation is frequently followed by the best effects in these cases, a seton has been placed in the nape of her neck.

COMMUNICATIONS.

Fibro-melanoid Tumor of the Antrum, requiring the Extirpation of the entire Super-maxillary Bone—Operation—Recovery.

By F. HINKLE, M. D.,

Of Marietta, Pa.

March 9th, 1860. I was called to see Mrs. Wm. G., of Columbia, æt. 35 years, married, the mother of five children—the youngest three years old—and now thinks herself near three months advanced in her sixth pregnancy. She is of healthy parentage, and has always enjoyed excellent health until about two years since, when she was attacked with severe inflammation of the right lachrymal sac and its duct, for which she was treated by different physicians. About a year ago, she noticed a small tumor in the right nostril, which at first increased but slowly; recently, however, it has grown rapidly to its present size. It now fills the entire antrum, the right nostril, from which it protrudes externally, and by displacement of the septum, causes such occlusion of the left, that it is with some difficulty an ordinary probe can be introduced. The nose is much pushed to the left side, and the orbital cavity so encroached upon that the eye is displaced outward and upward, and rests against and upon the supra-orbital ridge. The integuments of the brow are thrown into numerous wrinkles, and upon elevating and retracting the upper lid, the whole globe of the eye seems to stand

external to and rest upon the surrounding parts. The pressure upon the nerve has destroyed the sight of the right eye. Recently the pain has much increased in the part, and she now suffers great inconvenience from the constant accumulation, in the fauces, of a viscid secretion, so tough as to require frequent removal with the fingers to prevent suffocation. The distress from this cause is very great, almost entirely preventing sleep, which gives to the patient a very haggard and worn-out appearance.

Being an intelligent woman, I informed her that nothing short of the entire removal of the disease could afford her relief, and fully explained to her the dangers—now greatly enhanced by her being enciente—of so formidable an operation, and also the fact that should she survive the operation, the relief afforded might only be temporary, owing to the possibility of a recurrence of the disease. Satisfied that without relief from her sufferings, a speedy death was certain, she begged that the operation might be performed as early as possible, being “willing to suffer all things that her life might be spared even for a time to her little children.” “In my case ’tis die dog or eat the hatchet,” was her laconic, but expressive reply, to the artist to whom she was sitting for her picture the day previous to the operation, upon being asked whether she was not afraid of the result of so formidable an operation.

After mature deliberation upon her case, I decided to give her the benefit of an early operation, believing, from the rapid progress the disease had already made, that before the period of gestation would be completed, the poor woman would be beyond the reach of help.

March 22d, noon. Assisted by Drs. Eher, of Lancaster, and McCorkle, of Columbia, the patient being placed under the influence of a mixture of three parts of ether and one of chloroform, I made a semilunar incision from the angle of the mouth to a point midway between the ear and the external canthus of the eye, ligated the facial artery, and proceeded with a rapid dissection of the parts. Just beneath the infra-orbital foramen, I found the tumor protruding through the walls of the antrum, about the size of a dime. This being carefully dissected from the adjacent soft parts, I cleared the infra-orbital ridge and internal canthus, loosing the integuments as far as the tuberosity and median line of the nose, and while the flap was firmly retracted upon the forehead by one of the assistants, I separated the tumor from its

attachments within the orbit, as far as they could be reached. The incisor tooth having been extracted two days previous, I now notched the alveolus and hard palate with the saw, and with one blade of the cutting forceps, carefully introduced into the nostril and the other in the notch, divided the bone with a single cut. The malar bone was next freely notched on its under border, and with one blade of the forceps in the notch, and the other in the orbit, was transfixed into the speno maxillary fissure, leaving the frontal and orbital processes as a future support to the ball of the eye, and then with one blade of the forceps introduced into the nostril, the division of the bony attachments was completed by cutting through the nasal bones and nasal process of the maxillary into the orbit. Depressing the mass with my left hand, I divided the remaining soft parts with the scalpel, and removed the entire mass of the disease, except a small portion that was closely adherent to the sheath of the nerve at the bottom of the cavity. The parts were next sponged with a strong infusion of matico, which arrested the hemorrhage, after which every remaining particle of diseased structure was carefully removed. After suffering the cavity to remain exposed for some minutes, during which time it was freely sponged with cold water, it was filled with charpie, soaked in the infusion of matico, the flap brought down, and the operation completed by the introduction of five sutures of silver wire, by which the parts were admirably retained in situ. The patient was now removed to her bed, and cold water dressing applied to the part. Being much prostrated, a draught, containing brandy and spr. ammon. aromat. was ordered to be given occasionally, until reaction was established.

5 o'clock, P. M. Reaction fully established; brandy and ammonia discontinued, and brandy panada and milk and egg, ordered as nourishment during the night. Patient complains of pain, for which quinia sulph. gr. 2 and morph. sulph. gr. $\frac{1}{4}$, in syr. acaciæ was ordered every three hours until relieved, and a lotion of liq. plumbi. subacetat. dil. and ext. belladonnæ, to be applied over the eye, around which there is some tumefaction, and discoloration from effusion of blood. The patient was again seen by Dr. McCorkle, at ten o'clock, and being quite comfortable after taking two doses of the anodyne mixture, it was discontinued.

22d, 9, A. M. Patient has had several hours

comfortable sleep during the night, from which she seems quite refreshed. Pulse 90; skin moist. Continue same dressings to the wound, and use beef tea in conjunction with previous diet.

Being unable to see the patient more than once daily, she was taken charge of by Dr. McCorkle, from whom she received every attention between the times of my daily visits.

24th, 10 A. M. Patient is very weak; pulse 100, and feeble; complains of great nausea from the offensive discharge from the wound pouring into the throat; has vomited several times. I removed all the dressing from the cavity, and, after washing it well with cold water, filled it again with lint soaked in the infusion of matico, and anointed with castor-oil to prevent its adhering to the part; continued the lotion and cold water dressing externally, and ordered diet of beef tea and milk-punch, and carb. ammon. gr. 2, and morph. sulph. gr. $\frac{1}{4}$, every four hours, in mucilage. At 8 o'clock, P. M., the nausea and occasional vomiting continuing, Dr. McCorkle ordered a saline cathartic.

25th, 10 A. M. Bowels have been moved; vomiting less frequent, but nausea still continues; very weak. Beef tea and brandy to be taken freely, and continue ammonia mixture. At 4 P. M., Dr. McCorkle was summoned to the country, at which time our patient was much more comfortable. Late in the evening, she was induced by a friend to take some warm oyster broth, by which the dressing of the cavity was saturated, and a slight capillary hemorrhage brought on, which gradually increased until about midnight, when, the family becoming alarmed, the doctor was sent for. Finding that the patient was rapidly sinking, and that the readjustment of the dressings, and the introduction of fresh portions of lint, had only temporarily arrested the hemorrhage, I was summoned to his aid, and at 2 o'clock A. M., of the 26th, found the patient almost in articulo mortis; pulseless, with blood oozing freely from both mouth and nostrils, and frequent retchings, as if to free the stomach of the blood which had found its way into that viscus. I immediately removed from the mouth and fauces large clots of blood, gave a large draught of brandy and ammonia, and as speedily as possible removed all the dressings from the cavity, and by sponging it with the strong infusion of matico, and refilling it with the charpie saturated with that liquid, succeeded in arresting all bleeding. It is the opinion of Dr. McCorkle,

that the patient had lost not far from three pints of blood, and so great was the prostration, that, notwithstanding the active administration of the strongest diffusible and nervous stimulants, her life was despaired of for some hours, during which time she passed from one state of syncope to another, with cold extremities and occasional convulsive paroxysms. There was also constant nausea and severe retching. Ice was given freely, spice plasters applied over the abdomen, and sinapisms and hot alcoholic fomentations to the extremities. 10 o'clock A. M., nausea and vomiting subsided; patient comfortable, but very weak. Ordered wine and egg, and beef tea and brandy, and left patient in care of Dr. McCorkle.

27th, 8½ o'clock A. M. Patient has rested pretty well since I last saw her. Complaints of some pain in the wound in which there is now considerable tumefaction, and the areolar tissue around the eye is filled with and discolored by the blood effused during the efforts at vomiting. Apply cold poultice of elm bark, ext. arnica and powdered alum over the eye, and continue cold water dressing to the wound.

From this time forward, there was no untoward symptom. The pain, tumefaction, and discoloration, gradually subsided. The patient being very anæmic, I prescribed syr. ferri et quin. cit., with good diet; stimulants as required, gradually substituting malt liquors for the alcoholic stimulants; the bowels kept soluble with mild laxatives when necessary, and the wound regularly dressed. The patient's health and strength gradually improved, and in six weeks from the time of the operation she was able to walk about the house, and, during the seventh week, walked two squares on the street, supporting herself on her daughter's arm.

May 23d, 10 o'clock P. M. Dr. McCorkle attending, she was delivered of a male child, dead, of about 5½ months. Two days previous, she had fever and swelling in her limbs, and from that time felt no further motions of the child. Immediately after her delivery, she said she felt "like a new woman."

May 24th. Pulse 100; skin normal; no fever; tongue clean; appetite good; ate a piece of toast just before my arrival; complexion good; expression cheerful, and general appearance healthy.

From this time she steadily improved in health, and on

July 17th, visited me at my office; she says she now enjoys as good health as she has ever

done; is quite cheerful, and, were it not for a scar, resulting from the application of some escharotic by an empirical practitioner some months previous to my seeing her, would show but few marks of the severe operation to which she had been subjected.

Before the operation.



After the operation.



The Present State of Ophthalmoscopy.

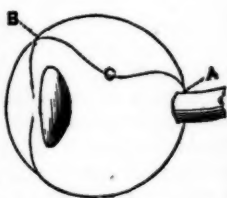
By MAX KURCHLER, M. D.,
Of Newark, N. J.
No. 9.

Pathological Changes of the Retina—Detachment and Separation of the Retina. The retina, in its normal position is situated parallel to the choroid coat, upon the inner surface of the latter, and is connected with it by a thin cellular material. It is seen, upon intraocular illumination, as a light grayish film or mist, spread over the choroideal pigment, which often, however, escapes the eye of the observer, especially when the choroideal pigment is light. Frequently, however, we are enabled to recognize the retina with the unarmed eye.

In consequence of morbid processes occurring in the choroid, especially of exudations and extravasations taking place between it and the retina, the retina may become detached from its choroideal attachment, and protrude forward toward the dioptric apparatus. It does not, however, separate at its point of attachment to the optic nerve, (Fig.

1. A,) nor where it is attached to the ciliary body (B); while the whole of the intermediate portion of the retina, between these two points may be detached, generally assuming a form as presented in Fig. 1. Most commonly only the lower part of the retina separates, and forms a sort of a sac with a cloudy surface. Where this merges into the normal portion of the retina, i. e., that which remains joined to the choroid, it is either smooth, flat, or forming folds,—bulging.

Fig. 1.



The detachment of the retina, once commenced, generally progresses, and a portion of the retina, once separated, will rarely become re-attached, and even if it should, will never resume its physiological function.

If the retinal detachment progresses in extreme cases, the membrane may become separated completely, and retain no point of attachment except around the contour of the optic nerve and its point of insertion into the iris.

In this case the retina, on examination with the ophthalmoscope, assumes a funnel-shaped form, (Fig. 2,) and in the centre of the funnel we see the intraocular end of the optic nerve.

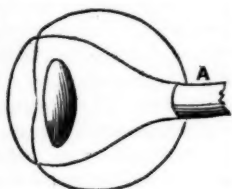


Fig. 2.

As already stated, it is not absolutely necessary to use an ophthalmoscope in order to recognize a retinal detachment. By placing one's self, with the back toward a window, and the patient in front, by letting him move his eye upward and downward, we can readily convince ourselves that the pupil has a grayish glimmer at the point of detachment. The vessels running across this point make the diagnosis certain, and prevent the case from being confounded with opacity of the vitreous humor. The ophthalmoscope, however, renders the image much more clear and distinct. At the moment when the focus is thrown into the background of the eye (upright image,) we see the fundus apparently normal; but as soon as we throw the focus somewhat more anteriorly, the retinal detachment appears in the shape of a gray cloud, over which vessels are seen to run in wavy curves, irregularly, in a direction toward the observer, moving like clouds, sometimes disappearing, then again coming into view.

The retina, which in this condition forms folds, gives to the vessels, which run upon and with it, frequently the appearance as if they were broken or doubled upon themselves. For instance, in Fig. 3, we will only be able to see

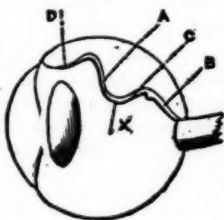


Fig. 3.

the parts A and B, while at C, D, the vessels of the portions forming the folds, will of course be hidden from our eye. Now, if, for instance, a vessel enters this fold, two will apparently make their appearance at C, D; we then obtain an image represented in Fig. 4; A, the optic nerve; B, the retinal vessel of the detached retina; C, D, the fold of the retina, where the vessel branches off into two; E and F, the two branches of the vessel appearing as if cut off. Fig. 5, shows the lateral appearance of the parts in this condition.

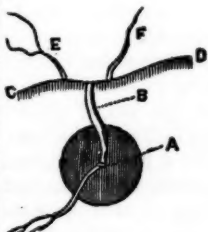


Fig. 4.

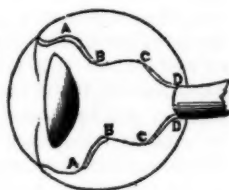


Fig. 5.

All these appearances may be seen with the upright image. By having recourse, however, to the inverted image, they all become clearer and more distinct. If the double convex lens used, is moved to and fro, the gray opacity, or cloud, and its vessels, will follow the lens and pass more rapidly over the fundus of the eye.

But if we have stated that a detachment or separation of the retina can readily be recognized by its grayish glimmering color, we must add, that this is not true in all cases, because the color of the detached retina depends upon the condition of the choroid or the media that have been deposited between the choroid and retina. These exudations vary much in their nature; but they are mostly bloody or watery. If the exudation is of a clear, watery, fluid character, the retina will appear of the above described color. But as the color of the exudation varies, the color of the retina will of course present corresponding variations of tint. But if there is an extravasation of coagulated blood behind the retina, the retinal detachment will be more distinctly marked. The coagula will strongly reflect the incident light, and hence the fundus of the eye remains comparatively un-illuminated, in consequence of which the detached portion of the retina will appear of whitish, grayish, or even greenish color, just according to the susceptibility and sensitiveness of the ob-

server's eye for the refraction of red colors. In short, the color of the image in detached retina depends upon the contents of the retinal sac. We can see this most clearly in cases, where in the same retinal sac we have exudations or extravasations of different color and consistence, which give to the detached retina different colors at different points.

Correct, however, as the statement may be that, as a general rule, the coloration of the retina depends upon the back ground, yet there are other cases, where the retina is recognized by its grayish tint; especially at the contours of the detached retina we find a whitish coloration, which, in the direction in which the detachment lies, blends into a grayish white; but in the direction where the retina is normal, little, or nothing, of this grayish glimmer is seen. Furthermore, if the retina changes its normal position, and becomes detached but in the least, it loses its transparency in a marked degree. When considerably magnified, and examined by the upright image, adding a lens to the dioptric apparatus, we see upon the retina striæ, representing fasciculi of nerve-fibres; besides these are seen little points, being cell-granules, first recognized by Dr. Liebreich, and not, as in morbus Brightii occurring densely grouped, but distributed equally fine over the membrane.

The vessels of the detached retina are essentially modified in their color and course. Circulation, as a general rule, continues in them; only where they are strongly bent or doubled upon themselves; the circulation becomes interrupted at these particular points.

The color of the vessels may be dark-red, brown-red, merging into black, and they appear the darker, the darker the fundus of the eye, or the darker the material exudated or extravasated into the retinal sac. If the fundus of the eye is greenish or brownish, the vessels will look blackish; when it is red, they will present more of their normal red color, just as when we paint crimson upon a green or black ground, the red assumes a darker, more blackish tint, while painting red upon a red ground only renders the color more prominent.

Detachment of the retina is distinguished from detachment of the retina and choroidea by the former presenting a more flattened appearance, while the latter forms a more bulging smooth tumor, over which the retinal vessels pass perfectly smooth and in a straight course. The choroideal vessels further aid in forming a diagnosis.

Anomalies of Circulation in the Retina.—It is difficult to determine a deviation from the normal fullness of the choroideal vessels. They are lying in a network too dense and narrow, imbedded in a pigmentary stratum, and overspread by layers of pigment. The retinal vessels, on the contrary, have a very feeble contour, are plainly seen to emerge from the optic nerve, lie in the clear retina, and hence we are able to detect even the slightest change in their fullness. But in spite of this, it is difficult to recognize a true hyperemia of the retinal vessels, because the circulation of the blood varies so much in different individuals, and because, in consequence of slight causes, hyperæmia may arise, by no means morbid; for instance, in bending forward.

A considerable fullness, however, of the retinal arteries and veins, such as is found, often enormous, in persons working over fire, cannot be mistaken. But if the vascular fullness is not thus extremely developed, its diagnosis is often very difficult. In the same manner a general diminution in the calibre and fullness of the vessels is not easy of recognition. For a close examination of these conditions, it is necessary not only to inspect the veins and arteries at a particular point, and to compare them, but also to follow them through their whole course.

In atrophy of the retinal arteries and veins, we see these vessels gradually become more and more attenuated, until they really look like a mere white stripe. Some blood is seen to pass through in the early stage; later this disappears, until at last the vessel looks but like a thin white thread.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

ACUTE PHTHISIS.

T. E., 38 years of age, was admitted into the hospital, September 9th, 1860.

History.—Eighteen months ago he had been an inmate of the hospital, suffering from mania a potu, from which he entirely recovered. He then went to sea. On the 30th of last April, he came into the house again with an attack of syphilitic rheumatism, for which he was treated, and was discharged cured on the 31st of May. At that time, Dr. Reed, the house physician, reports his health as seemingly perfect, presenting no sign of serious disease. From the time he left the house, in May, he has made several trips down the bay as deck-hand, and

been engaged in work along the wharves at odd jobs, drinking heavily, when he had money.

For a month before he came to the hospital the last time, he had felt badly, and two weeks before ceased to work, and was at a boarding house, spending a part of his time in bed. A week before he entered he was quite unwell, had some diarrhœa, cough, and fever; no appetite, loss of strength and flesh.

After he came into the house he had some five or six stools in rapid succession. He was very weak, had much cough, in paroxysms, very severe and violent, with painful dyspnoea after coughing, which on one or two occasions became so severe as almost to amount to cramp. The fever was rather slight; skin soft and moist; face dusky and pale. He complained of pain. Expectoration was rather scanty and difficult; the sputa consisted of dark-colored, thick mucus, intermingled with watery fluid; some of the thick masses which he expectorated were mixed with some blood; it was, however, not the thoroughly mixed rusty mucus, but the blood appeared in small masses or streaks, and usually of a dark venous tint.

The tongue was moist, not much furred, yellowish; but there were no sordes. There was epistaxis. For a few days before admission, he had had diarrhœa, amounting to from three to six passages a day. The abdomen was not at all distended, but slightly tympanitic below, while the liver extended down the right hypochondrium to below the umbilicus and across the epigastric region into the left hypochondrium. There was, however, no tenderness, no ascites, no gurgling, no eruption.

Physical Examination.—Auscultation on the first day of his admission yielded a fine, bubbling crepitus, confined to inspiration, over the lower fourth of the lungs behind. But though fine, this crepitus was not as dry as the true crepitus of pneumonia; it extended upward rapidly. There were no sibilant râles present, indicative of bronchitis, but a faintly marked bronchial respiration was discovered as the case progressed. Percussion was clear and sonorous. Two days before his death a faint, imperfect crepitus could be heard with some difficulty over both mammary regions in front, but there was no well marked metallic bronchial respiration, nor could any friction sound be discovered.

The cardiac sounds were normal. He had mild delirium at night, which increased, and he became drowsy through the day.

There was no vomiting. The condition of his mind was good. He had no headache; when roused he would be awake at once, and answered questions quickly and correctly, only in an abrupt, irritated way. He had the appearance of a very ill and suffering person.

Immediately on his entrance into the hospital, taking in view the low state in which the patient was, he was ordered milk punch, a wine-glassful every two hours; a tannin and

opium injection, to restrain the diarrhœa, and a cough mixture, composed of muriate of ammonia, syrup of tolu and liquor morph. sulph. He was dry-cupped over the back, and a blister put in front over the chest.

Diagnosis.—It is acknowledged by the best authorities here and on the Continent, that the diagnosis of acute phthisis is sometimes extremely difficult. In this case, it might have been confounded with typhoid fever. The patient had had epistaxis, diarrhœa, was very feeble and low, and had a certain amount of delirium. But he had had no rose-colored eruption, no tympanitis, there were no sordes, no gurgling in the right iliac fossa. There was an absence of the sluggishness, with slow waking up and slow answers, as we find it in typhoid fever. Again, we do not find in typhoid fever the liver enlarged, as it was in this case; and this led to the assumption that the organ had undergone fatty degeneration in consequence of tubercular diathesis, especially as he had been a hard drinker.

Again, acute phthisis must be distinguished from pneumonia. There was in this case, it is true, a fine bubbling crepitus over the posterior lower part of the lungs, but not as dry as the true crepitus of pneumonia. There was a faintly marked bronchial respiration, but no sibilant râles, nor the well marked metallic tubular respiration.

Some observers state, that typhoid fever can be distinguished from acute phthisis or other diseases, by the peculiar musty odor present in the former.

Taking all the facts and symptoms, together with the history of the patient, into consideration, the case was diagnosed as one of rapid, acute tuberculization, and this was verified by the post-mortem examination.

Autopsy.—With the exception of one or two very small adhesions, the pleura was healthy.

Both lungs were fairly riddled with tubercles. They contained immense numbers of miliary tubercles, most abundant in the upper lobes, though very numerous also in the lower. The lower portion of the inferior lobes were of a deep red color, crepitant, but rather firmer than usual, and containing a great deal of blood. A piece cut off from the lower lobe floated, but after being squeezed, it sank.

The heart was healthy.

The liver was very much enlarged, perhaps to one-half its natural size, weighing between five and six pounds. Under the microscope, it was found far advanced in fatty degeneration.

Peyer's glands were perfectly healthy.

SUBCUTANEOUS INJECTIONS.

A patient was brought before the class who had entered the hospital on the 20th of September, suffering severely from pain in the left lumbar region. He has had this pain since February—7 to 8 months. On a careful exami-

nation, nothing was discovered that would give rise to the pain. He enjoyed general good health; had no fever; no loss of flesh. There was no pain at the glans penis, scrotum etc., as there would be if the pain was owing to stone in the bladder, or the passage of renal calculi through the ureters. The urine was perfectly healthy; appetite and digestion good. The diagnosis was hence limited to chronic neuralgic affection of the lower intercostal and lumbar nerves. A hypodermic subcutaneous injection of 20 minims of a solution of morphia, of the strength of 16 grains to $\frac{3}{4}$ of water, was resorted to as soon as he entered, when the pain at once disappeared, and has not since returned. He was ordered to take twice or three times a day 10 drops of the tincture of nux vomica, with 1 drachm of compound tincture of gentian.

Dr. Meigs remarked, that the subcutaneous injection of morphia had been resorted to considerably in the hospital, with very good results; only in one or two cases had furuncles made their appearance at the seat of injection. Atropine has not been used.

CASE OF EMPYEMA IN A BOY, WITH SPONTANEOUS FISTULOUS OPENINGS.

This patient is a little boy, nine years of age, whose illness dates back over a year. A year last April he was taken with pain in his side, and some cough. He remained in bed then for about a week. About three weeks later he became worse again. Somewhat later a swelling made its appearance on the right side, pretty large, nearly the size of a fist, which broke about the 4th of July, 1859, and discharged a large quantity of pus. At that time he was very sick, had fever, oppressed respiration, but not much cough.

It is a marked case of chronic pleurisy, running into empyema.

On physical examination, the right side is found to be markedly contracted. The sound side measures 12 inches in circumference, the right only $9\frac{1}{2}$, a difference of $2\frac{1}{2}$ inches, which is remarkable in so young a patient. Two causes contribute to this. In the first place, the contraction of the sick side, in consequence of the compression of the lung, which is bound down by the adhesions; and secondly, the *supplemental* expansion of the sound side, in consequence of increased respiratory action of that lung.

Auscultation yields friction sounds, and more or less of coarse, rough, harsh, vesicular murmurs. On percussion, there is strong, full pulmonary resonance on the left side, while on the right the resonance is feebler, and has the peculiar wooden or tubular sound.

Although the suppurative process may be arrested, it is very rare, when the disease has lasted for any considerable length of time, that the lung ever expands to its former capacity.

This is because it is not only contracted in consequence of the fluid mass pressing upon it, but also bound down by firm adhesions of plastic material.

Dr. Meigs, in alluding to the importance in these cases of making an early diagnosis, referred to the case of a boy, 10 years of age, where a chronic pleurisy, with empyema, had been mistaken for typhoid fever, and the fistulous openings for secondary subcutaneous abscesses.

The patient, in the present instance, has of late been put on tonics, cinchona and iron, with a good nutritious diet, and been sent to the country, and under this treatment and regimen appears to improve. But his lung will never resume its normal expansion, on account of the plastic material thrown out on the pulmonary surface of the pleura, which binds it down, and his right side and shoulder will always be more or less contracted.

PHILADELPHIA HOSPITAL.

Service of Dr. R. J. Levis.

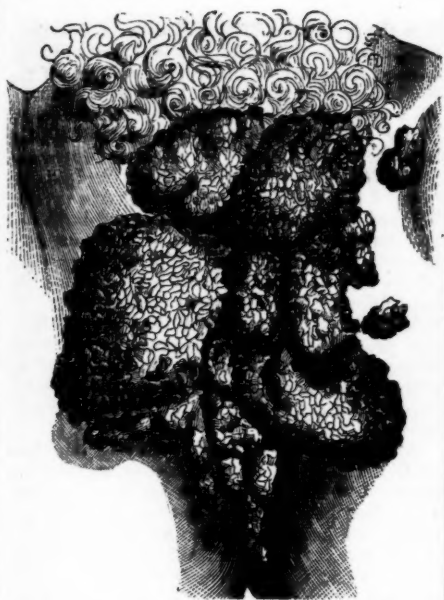
CASE OF EXTENSIVE VENEREAL VEGETATIONS.

Sarah A., aged twenty-five, recently entered the hospital for relief from an enormous collection of warty growths on and within the external genitals. Her sufferings were very great, and she was nervous and debilitated. The discharge of a disgustingly offensive ichor from the parts made her presence intolerable to other patients in the wards.

While in the hospital last spring, suffering from gonorrhea, the growths were excised, and the surfaces cauterized, but they rapidly reappeared, and spread extensively.

The efficient treatment of such vegetations from the mucous surfaces of the genitals has, in this hospital, usually been the application of either chromic or nitric acids, or more generally deep excision of the growths with the scalpel or scissors. Their existence has always been traceable, though sometimes rather remotely, to the irritating discharges from either gonorrheal or chancreous surfaces; but more particularly from the former. They certainly cannot be classed as symptoms of secondary syphilis, but are produced simply by local irritation, and are never inoculable. Their occurrence is much favored by the uncleanly habits of the patient, allowing acrid secretions to remain in contact with vascular surfaces. In females, they most frequently commence within the labia, near the commissures; and in males, at the junction of the prepuce with the corona glandis.

The cut illustrates the prominence and great extent on the surface, of the vegetations in this case. They were very red, sensitive to the touch, and evidently highly vascular, and extended from the inner and outer surfaces of the entire labia, over the perineum to the anus.



The operation of excising them was determined upon, but as merely shaving them off had been previously followed by a return of the affection, and as less hemorrhage was to be anticipated by a deeper removal—cutting below the extremely vascular tissue—the mass was removed along with the skin and mucous membrane involved in it.

The hemorrhage was nevertheless very great, requiring the excising to be frequently stopped for the ligating of numerous large vessels. When the entire growth had been removed, the edges of the integument around the denuded surfaces were drawn together, and united by silver sutures. Although this union was in some places held with much tension, the sutures retained their positions until nearly all the edges had united.

The excised surfaces have now either united or completely cicatrized, and the patient is improving in general health.

EPISCOPAL HOSPITAL.

Service of Dr. R. P. Thomas.

[Reported by Dr. B. E. Fryer.]

TWO CASES OF FRACTURE OF THE FEMUR, WITH A NEW APPARATUS.

Case 1st.—Levi B., English, aged 57, was admitted into the house with a compound fracture of the femur at its lower third, caused by a heavy casting falling on him. The direction of the fracture was oblique, and being a very muscular man, it was found impossible, with the old

counter-extending band, to prevent excoriation. The adhesive strips had been tried, and invariably slipped, and as it was also difficult to prevent eversion of the foot, Dr. Thomas suggested an entirely new apparatus. It consists of a long fracture-box, with the outside leaf running up to the axilla, and the inside one nearly to the perineum. The counter-extension is made by having a piece of thick iron wire, say $\frac{1}{2}$ inch, in the shape of an *U*, and curved upon itself midway, to an angle of forty-five degrees; this is firmly clamped to the floor of the box at its upper edge, and the counter-extending tapes fastened to the cross piece of the *U*. The extension band passes over a roller, fastened by pegs, below the foot-board, and may be tightened at pleasure by turning the roller and shifting the pegs to retain it.

The advantages claimed for this apparatus are, 1. That the counter-extending force is applied in the direction of the axis of the leg; 2. The counter-extending band does not excoriate, as it only makes pressure upon the tuber ischii; 3. The lateral support given prevents the possibility of any eversion of the foot, while the floor of the box obviates the danger of deformity from sinking of the bed; and 4. The facility with which dressings may be applied in compound fractures.

Though this was a very unfavorable case for the trial of a new apparatus, the man has recovered without shortening, and with as useful a leg as before the injury.

Case 2d.—Bridget C. was admitted into the house for a dislocation of the femur, so represented by the practitioner who sent her to the hospital. The position of the foot, which was everted, with a considerable shortening of the leg, at once led us to suspect a fracture of the neck of the femur, which, upon a careful examination, proved to be the case.

She was placed in Dr. Thomas' apparatus, and has recovered without shortening.

CURIOUS CASE OF FRACTURE OF BOTH BONES OF THE LEG.

John Daly, Irish, aged 26, while sitting on a coal car, with the sole of his foot resting on the one in front, the engine pushed the cars together, bent his leg upward and outward over the thigh, thereby causing a fracture of both tibia and fibula, about two inches below the knee-joint, and tearing the hamstring tendons so that the bellies of the muscles were drawn up very considerably.

The leg was placed in a fracture box, and cold water constantly applied to the joint, to keep down inflammation, which at one time was excessive. At the end of four weeks the leg was put in a starch bandage, and in seven weeks he left the house cured.

The manner in which this fracture was produced, is interesting. The leg being bent up

over the thigh, pressed the head of the tibia against the condyles of the femur, so as to cause a resistance sufficiently firm to snap the bones close to the resisting point. A fracture of both bones, so near the joint, is rarely seen.

FRACTURE OF CLAVICLE AND STERNUM, COMPLICATED WITH WOUND OF LUNG.

Frederick S., a German, aged 50, fell from the side of a ship, and struck his shoulder on a large piece of timber lying on the wharf, producing a fracture of the left clavicle and articular edge of sternum, also dislocating the clavicle, and driving the sharp fractured edge down on the lung, which it wounded, so that air could be felt in the surrounding tissues, and also passed out at a small wound, in bubbles, with the blood.

The fragments were moulded together, and the dislocation reduced. The wound was closed with adhesive strips, and a compress placed over it, and Desault's apparatus for fracture of the clavicle applied. On the third day there was some pneumonia, which yielded to treatment, and the man was discharged cured in five weeks, with only a prominence at the sternal end of the clavicle.

Medical Societies.

PROCEEDINGS OF THE LANCASTER CITY AND COUNTY MEDICAL SOCIETY.

(Reported by John Levergood, M. D., Recording Secretary.)

MEETING OF AUGUST 22, 1860.

DR. A. SHELLER (President) in the chair.

Subject for Discussion: VERATRUM VIRIDE IN PUERPERAL MANIA.

At the stated meeting of the Lancaster City and County Medical Society, August 22d, 1860, the order of business being "verbal communications from members,"

DR. JOHN L. ATLEE, Sen., said, that a case then recurred to him, which, although not one of frequent occurrence in practice, was, in all its relations, of so distressing a character, so uncertain, and sometimes so unsatisfactory in its treatment, that he would bring it to the notice of the Society. He did so in the hope, that, should a case occur in the practice of any of those present, they might be induced to give the remedy, which, in his hands, had operated so beneficially, a further trial—especially as, after considerable experience, all other methods of treatment had been less speedily effectual, and could, with less confidence, be relied on. It was true, that he had used the remedy in this case only; and he believed that it was, so far as his reading extended, the only application of

it to the treatment of the disease in question; but he was decidedly of opinion, that to its influence exclusively, the rapid recovery of the patient was attributable; and he would rely, with some confidence, upon a similar result in future cases, if used at a very early period of the disease.

On Wednesday morning, Nov. 9, 1859, between 3 and 4 o'clock, he was called to see Mrs. S., aged 35, a native of Germany, of dark complexion and nervous temperament, who was then in labor with her eighth child. Her previous labors had been natural and easy, and had not been followed by unpleasant consequences. In this instance, he was told, that, on the Monday previous, a sudden rupture of the membranes had occurred, which, however, was not followed by uterine pains until Tuesday afternoon, when active and regular labor pains commenced.

An uneducated German midwife had been with her, at intervals, for 24 hours, who, too ignorant to understand the cause of the difficulty, had kept the poor woman in great suspense and anxiety. About an hour before Dr. A. saw her, a better-informed German midwife was sent for, who discovered that the presentation was preternatural, and requested his assistance.

He found the os tincæ fully dilated, and the right shoulder, and the cord, in which there was no pulsation, presenting. With but little difficulty, version by the feet was accomplished, and she was delivered of a dead child. After the delivery of the placenta, an anodyne was given, and he left the patient in a very comfortable condition, and very grateful for the relief afforded her after her prolonged suffering. He visited her on the three following days, at the expiration of which she was doing so well, that he ceased his attendance. At each visit she received him very cordially, and manifested strong feelings of gratitude.

On the evening of the 19th, ten days after the delivery, her husband called upon the doctor, and stated that his wife was not so well as she had been, that her conduct was peculiar, and he was very uneasy about her. After some inquiry, a dose of cathartic medicine was prescribed, and a promise given to visit the patient the next morning.

Upon entering her chamber the next day, he was struck with the alteration in the countenance of the patient. Instead of the pleasant smile which welcomed his previous visits, she cast a suspicious look at him, and it was with great difficulty that she permitted any examination. She would not speak a word, and withdrew her hand when he attempted to feel her pulse. Her husband informed him, that when he had given her the medicine the evening before, she said that the doctor intended to poison her, and she seemed to distrust most of the persons about her, as having a design against her and her children. There was some accelera-

tion of the pulse, but no evidence of general febrile disturbance, and no suppression of the lochia. No obvious cause was discoverable for the great change in her mental condition. In the hope that this change would be but temporary, a full dose of opium was left to quiet the nervous excitement, and prevent inordinate action of the bowels, which had been sufficiently influenced by the cathartic. Perfect rest and quiet were enjoined; and she was to be carefully watched to prevent injury to herself or others. On the next day, (Nov. 21,) the symptoms of puerperal mania were still more decidedly developed. It was impossible for the doctor to come near her. His presence seemed to terrify her; and her husband told him, that, since the previous visit, she expressed strong apprehensions that the doctor had poisoned her, and meditated her destruction. She had slept little or none, and it was difficult to keep her confined to her bed and her room.

For the reason previously stated, viz., the uncertainty of all previous methods of treatment in speedily arresting the progress of the disease, and the absence of any leading indication as to the immediate cause, he determined to put her, as soon as possible, under the influence of the veratrum viride, in the hope, that, by controlling the general circulation and diminishing the nervous excitement—two properties which this medicine possesses in an eminent degree—some benefit would result. The saturated tincture, in doses of five drops every three hours, was ordered, and was to be continued as long as it did not produce nausea, vomiting, or prostration.

On the following morning, on entering the room, he found his patient lying calmly and quietly on the bed, with a total absence of the sinister expression of the day before. She answered him slowly, but in a whisper, put out her tongue, and let him feel her pulse without resistance. Upon inquiry, he found that soon after the administration of the third dose of the veratrum, on the previous evening, she had become calm, had rested quietly during the night, and had remained so. Her pulse was reduced in frequency to 56. In the use of the veratrum viride, in safe doses and at intervals of three hours, the doctor remarked, that in his general practice he had almost invariably observed that the circulation was not brought under its influence until after the third dose; and he had reason to believe that in this case a decided amelioration in the condition of the patient had taken place as soon as its peculiar effect upon the heart had occurred. Of this fact, however, he could not be certain, owing to the ignorance of those around the patient. The medicine was continued, and on the next morning there was an entire absence of all unfavorable symptoms. The patient was cheerful and obedient, conversed rationally and freely, and without allusion to her previous unhappy condition. A laxative was ordered, and the vera-

trum continued at intervals of four, and subsequently of six hours, until the 27th, the pulse never rising above 60. On the 28th, twenty-four hours after the last dose, the action of the heart was sensibly free from its effects, without any return of the unfavorable symptoms; the patient was in every respect well; and he took leave of the case. Since then she has attended to her domestic duties as usual.

He would remark again, that he was not aware that the veratrum had been used before in the treatment of puerperal mania; but he wished that his medical brethren would give it a trial, should they have the misfortune to encounter the disease. From its sedative influence upon the heart and nervous system, he thought it might be beneficially used in the treatment of some other forms of mania.

DR. CARPENTER, related some cases of puerperal mania, in which he stated that he had derived great benefit from the use of opium. A patient of his, some eight or ten days subsequent to parturition, was seized with an attack of mania, brought on by having been seen while *en deshable*. He used opium, which evinced a decidedly beneficial influence over the disease. Dr. C. had used it in another instance in which the mania was produced by the husband returning home about the tenth day, and compelling his wife to have connection with him, and here, also, opium had a very happy effect. Dr. Carpenter has never employed veratrum viride in puerperal mania, but in certain cases, as those of great vascular excitement, the happiest results were to be anticipated from its use. He condemned the indiscriminate employment of so powerful and dangerous a drug, and expressed the opinion that veratrum viride had accomplished but very few of the numerous reported cases of cure that have been attributed to it. Dr. Atlee's case he regarded as a highly important and interesting one, and goes very far toward demonstrating the immense benefit we may expect to derive from the veratrum in puerperal mania.

DR. ZIEGLER remarked that, in his hands, the veratrum viride had received a faithful and extended trial, and he was free to admit that, in the cases in which he had given it, it had proved beneficial beyond his most sanguine expectations. He gave the history of a case of typhoid fever, in which, after almost every conceivable remedy had been employed unavailingly, and the patient seemingly beyond the reach of medicine, Dr. Z. made use of Tilden's preparation of veratrum viride, and succeeded in restoring his patient to health. He has employed the veratrum in most of the diseases coming within the range of his practice, and that, too, with the most undoubted success.

In answer to a question from Dr. Atlee, Sr., as to whether he had ever given it in cholera infantum, Dr. Ziegler replied that he had not,

but stated that in dysentery he had derived great benefit from its employment. Dr. Z. was led, from his experience and observation, to believe that the medicinal virtue of the veratrum viride was not owing exclusively to the sedative property it possesses, but that it, also, has an anodyne effect; and further stated that, as the frequency of the pulse subsided, its volume increased. Dr. Ziegler concluded by expressing the earnest hope that the members of the Society would give the veratrum viride a fair and impartial trial, and report the result of their observations at a subsequent meeting.

Dr. HINKLE gave an account of a case of mental derangement, in which six grains of sulphate of morphia are taken every twelve hours, but until he commenced giving the veratrum viride the narcotic had not the slightest effect in quieting the patient. He continues to give the morphia in conjunction with the veratrum, and a salutary effect is very manifest; a cure is not anticipated.

Dr. PARKER remarked that, on numerous occasions, he had employed veratrum viride in puerperal fever, and with nearly uniform success. He acknowledged himself to be an enthusiastic advocate for its use in this disease, in fact was almost disposed to regard it as a panacea.

Dr. CASSIDY followed with some observations on empirical practice, when the Society adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

TRACHEOTOMY IN EPILEPSY.

Tracheotomy in Epilepsy, although recommended by the very high authority of Marshall Hall, now over fifteen years ago, has of late fallen into disuse, at least not many cases have found their way into the journals. In the 15th September number of the *Medical Times and Gazette*, Dr. A. Wynn Williams communicates two cases of epilepsy, in which the trachea was opened.

The first case was that of a young man, 18 years of age, who had become attacked with epilepsy when ten years of age, the attacks having increased in frequency and duration in spite of every remedy that was thought likely to benefit him. Under these circumstances, tracheotomy was resorted to Sept. 10, 1855. For four or five months after the operation, the patient was thought to improve, the fits becoming less in frequency and severity. In six months, however, they recurred as severe as before. The tracheal tube was worn for three years,

without apparently influencing the progress of the malady. The case, however, is not considered as one from which to form a fair estimate, the patient being much addicted to intemperate habits, and Dr. W. states that had he been previously made aware of this circumstance, he should not have proposed the operation.

The second case which Dr. Williams reports, is that of a man 25 years of age. He had been subjected to epileptic seizures in the night for many years, but had only been subject to them in the day for two years. He had, in consequence, been obliged to relinquish his employment. He had undergone a good deal of treatment previous to coming under Dr. W.'s care. The operation was performed on July 9th, 1856. The patient went on very satisfactorily after the operation. The epileptic seizures became gradually less severe and less frequent, and for the last two years he has had no attacks during the day time, and only very slight ones at night. At this time (Sept. 1860) he is in apparently good health, and has but rarely slight fits when in bed. He still wears the tube.

PIARRHÆMIA.

Piarrhæmia, or milkiness of the serum of the blood, is the subject of some extended remarks by Dr. Charles T. Coote, of London, in the *Lancet* of Sept. 7th and 15th, where he records a case of acute diabetes mellitus, accompanied by piarrhæmia. Some months ago, Trousseau, if we remember rightly, or some other prominent Parisian physician, presented before one of the societies a specimen of serous fluid, evacuated from a hydrocele, which was perfectly milky, looking like chylous urine, and he suggested that it should be considered a new form of hydrocele. Within two months we were present at the post-mortem examination of a woman, about 68 years of age, who was suffering from ascites in consequence of—as the autopsy revealed—a scirrhus tumor involving the pancreas. At two different times had this woman been tapped, and on each occasion gallons of a perfectly milky serum were discharged. On examination, no fat or oil whatever could be found in the fluid, and the milkiness was, no doubt due to the presence of molecular albumen. In these cases, however, the piarrhæmia did not extend into the blood-vessels, rendering the blood itself milky, as in those mentioned by Dr. Coote.

After a careful comparison of the facts, the author comes to the following conclusions:

The conclusions which I should venture to draw from a comparison of the facts collected in this paper, are as follows:

1. Piarrhæmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat from its combinations.

2. The excess of fat in the blood may be the result of two causes, viz:

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(a.) The excessive ingestion of fat, (as in piarrhæmia during digestion.)

(b.) The diminished elimination of the same, as in hybernation and pulmonary diseases.

It is not quite clear to which of these categories alcoholism belongs. It is conceivable that its elements may be directly converted into fat by deoxidation; but it seems more probable that the conversion is effected indirectly, the hydrocarbon of the alcohol attracting to itself that free oxygen which would otherwise have been employed in the combustion of the fats of the food, and so permitting the accumulation of the latter in the blood.

3. Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but it is clear, from the present case, that it may also be elaborated in, and absorbed directly from, the liver.

4. Piarrhæmia is not a result of diabetes mellitus, for either may exist without the other. Both seem to be consequences of the same derangement of the functions of the liver which overloads the blood, sometimes with an excess of sugar alone, sometimes with an excess of sugar and fat combined.

Why the liver should deal so differently in different cases with the hydrocarbons submitted to its influence, it is hard to say. It seems not improbable that sugar alone is elaborated in the first instance, and that the excess of fat is the result of a deoxidation of this substance; for the conversion of sugar into fatty substances is not only capable of being effected experimentally, (as in the production of butyric acid by fermentation of sugar under the influence of casein,) but has been shown to take place in the animal economy, in the formation of wax by bees fed only on sugar.*

5. The pathology of blood milky from molecular albumen, must be considered as still almost wholly negative. It is probably never an independent affection; but neither is it a mere accidental consequence of piarrhæmia. Its apparent relation to albuminuria seems to point to some organic change in the constitution of the plasma of the blood itself.

ture, and as a specialty for study and practice it does not seem to be a favorite one. The great frequency of diseases of this region of the body among all orders of society, seems not to have increased the general knowledge of the subject, and there is no class of affections more frequently maltreated. A thorough examination of the parts is often, with fastidiousness avoided, and, for want of a knowledge of some of its simplest pathological conditions, trifling affections remain the cause of life-long suffering. We have known an apparently trifling, but intensely painful anal fissure, to be allowed to almost wear out the existence of a patient for the want of the little knowledge necessary for its effective treatment.

We have considered affections of this outlet among the most painful diseases to which humanity is liable, and as those peculiarly predisposed, without prompt treatment, to become chronic.

The complex anatomical relations of the rectum, and its highly vascular and nervous organization, give to its pathological conditions a morbid influence in the whole economy, which makes a knowledge of its diseases of the utmost importance to every medical and surgical practitioner.

Those who have not studied the subject with special attention, will be surprised at the fullness of this monograph. The treatise is divided into twenty chapters. The diseases of the anus, including Irritation and Itching, Inflammation and Excoriation, Excrescences of the Anal region, Contraction and Fissure of the Anus, are considered in the first five chapters. Neuralgia of the Anus and Lower Extremity of the Rectum, Inflammation of the Rectum, Ulceration of the Rectum, Hemorrhoidal Affections, Enlargement of Hemorrhoidal Veins, Prolapsus of the Rectum, Abscess near the Rectum, Fistula in Ano, Polypi of the Rectum, Stricture of the Rectum, Malignant disease of the Rectum, Injuries of the Rectum, Foreign Bodies in the Rectum, Malformations of the Rectum, are the subjects of the next fourteen chapters, and the work concludes with a chapter of great value on the subject of Habitual Constipation.

The work will be in general demand as a standard authority. It is well illustrated, and appears altogether in a very attractive style.

REVIEWS AND BOOK NOTICES.

ON THE DISEASES, INJURIES AND MALFORMATIONS OF THE RECTUM AND ANUS, WITH REMARKS ON HABITUAL CONSTIPATION. BY T. J. ASHTON, Surgeon to the Blenheim Dispensary, Fellow of the Royal Medico-Chirurgical Society, Member of the Pathological Society of London, etc. WITH ILLUSTRATIONS. Philadelphia: BLANCHARD AND LEE, 1860.

This is a reprint of one of the most popular monographs in the language. The subject is one but slightly treated in general surgical literature,

THE PRINCIPLES AND PRACTICE OF MODERN SURGERY. BY ROBERT DRUITT, Licentiate of the Royal College of Physicians of London, Fellow of the Royal Medical and Chirurgical Society, etc. New and Revised American from the Eighth Enlarged and Improved London Edition, with four hundred and thirty-two illustrations, pp. 695. Philadelphia: BLANCHARD AND LEE, 1860.

Druitt's Surgery has been for a long time a favorite with practitioners and students, and perhaps no work has been so generally accepted by the colleges as a text-book. It is re-

markedly condensed, yet quite comprehensive and explicit, and is, as every book on practical subjects should be, well illustrated.

Those familiar with the previous editions might not recognize the present re-issue, as it is enlarged one-third, and has added two hundred and fifty illustrations.

The work has, by this new edition been brought up to the state of science of the times, as is evinced by the chapters on Inflammation, Pyæmia, Ophthalmoscopy, Excisions of Joints, Anæsthesia, etc.

The name of the American editor is, with propriety, omitted from the title-page, but the Americanizing of the work has been accomplished in a manner which adds greatly to its value, and particularly to its acceptability in this country.

Were this book not generally known to the profession, we would be induced to present its merits more at length, but a simple notice of its re-appearance, enlarged and improved, is all that is necessary in its favor.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 6, 1860.

THE FIFTH VOLUME.

With the commencement of this, the fifth volume, the *MEDICAL AND SURGICAL REPORTER* appears in entirely new type, and considerably enlarged. The object of these changes is to obtain more room, to furnish its readers a larger amount and variety of matter, and to present it in a more pleasing and readable form. We have no unfulfilled promises to renew, nor any pledges to make. Independent in the fullest sense of the term, untrammelled by any school, party, clique, or publishing interest, uncompromising with whatever is opposed to the true advancement of our profession, and, anxious to promote the advancement of science, we shall strive still more to deserve the success which we have already attained.

THE STATUS OF AMERICAN MEDICAL LITERATURE.

"Westward the Star of Empire takes its way," is destined to be no less true in the literary than in the political world. He to whom the sentiment was first attributed, spoke for England, her government and her people, little dreaming that the problem would be solved by a nation

then unborn. While we would not claim too much for our country, we hold that it has given, and is giving evidence, that it can excel in some one or other, or all the departments of government, science, literature or art. The star of empire is now shedding its radiant lustre over our fair land, and we are still rapidly growing in political power and influence; not by a native growth alone, but, in spite of the broad Atlantic, by annually absorbing nourishment from the strength of the nations of the old world. And physical energy and power are not all that we compete with them in, or absorb from them. We have here a vast field for mental energy, and native talent is cultivating it nobly; but Europe is contributing some of her talent, and will contribute much more, to aid us in laying the foundations of the empire of mind. She has already given us, in general and special science, such names as Agassiz, Audubon, Lieber, Dunglison and others. We thank her for these, and like the daughters of the horse-leech, still cry, "Give, give."

If all the foreigners who come among us were—which, of course, cannot be expected—men of intelligence and education, our advance in literature would be much more rapid than it is. But the foreign immigration is composed of a heterogeneous mass, and a large part of the material has to be molded into shape after it reaches our shores. This, with the fact, that the wave of civilization, which is constantly rolling westward, encroaches upon the wilderness so rapidly, that its educational wants cannot be fully supplied, serves, so to speak, to make our institutions revolve with an unsteady motion on their pivot—education and intelligence.

To meet the wants of our rapidly growing country, a great deal of crude material is necessarily sent forth from our schools and colleges. European travellers express surprise at the haste with which we dispatch our meals, as if we could not spare the time from business, that is necessary to prepare our food for digestion by proper mastication. This is well founded, and it is to a certain extent true, of our educational interests. The demands of our widely extended

domain, which is so rapidly filling up, both by natural increase, and by foreign immigration, are so urgent, that really, our professional men *cannot wait* to become thoroughly educated. The literary meal must be swallowed with little regard to culinary preparation or succession of courses, and an active mind and a strong constitution, must be relied on afterward to digest it.

But our nation is young and vigorous, and the national mind is untrammelled by any one impracticable idea, that incubus which makes, as it were, a monomaniac of a nation, crushing out its energies, and hasting it on to imbecility, decadence and death. Like an unconquerable spirit, who, in spite of early disadvantages of education, is struggling upward to a respectable literary standing, our nation is fast overcoming the numerous obstacles to her literary advancement, and is making rapid improvement in all the departments of science and literature.

Especially is this true of medical education. Whatever may be said of the inefficiency of our present system of medical education, the fact cannot be denied that it steadily advances with the progress of time. It is more thorough, more systematic, and better adapted to the necessities of the times and the spirit of the age, than that of twenty-five years ago would have been. Now, as imperfect as our system of medical education has been, we have furnished a large body of medical men, who, in point of literary and scientific attainments, would be a credit to any of the nations of the old world, and the proportionate number is annually increasing.

Many of our literary productions take rank with the best foreign works on the same branches, and there are departments of literature in which we excel. Indeed, the indications grow stronger and stronger, that our medical literature will, ere long, be as eagerly sought by foreigners, as we, in times past, have sought their productions. We have active and gifted minds at work in the various departments of medical research, and the results of their labors will tend to elevate still more the literary claims of our country.

As much, however, cannot be said of our periodical medical literature, which has struggled hard to attain an honorable position. It has been suffered to languish for want of pecuniary and literary support, while we have been content to go abroad for this species of literature. It will be worth our while to inquire into this matter a little, see where the responsibility rests, and place it there, and then inquire whether there is any remedy, and what it is. And here we must regret the necessity of dividing the responsibility so much, as to be in danger of weakening the force of the application.

First, then, publishers are responsible, who, instead of establishing journals on a firm, and independent basis, and offering a liberal remuneration to the profession for literary contributions, are content to appropriate the labors of our European brethren by republishing some of the prominent foreign journals, as the *Lancet*, the *British and Foreign Medico-Chirurgical Review*, and *Braithwaite and Ranking*, all of which circulate extensively in this country, and are a source of revenue to their publishers, while the material costs them little, or nothing, and not a thing is done to encourage American writers, or build up an American medical literature. One or two publishing houses have pursued a different policy to a limited extent, and have attained a circulation for their journals which affords them a small revenue. Our publishers have been blind to their own interests in this matter.

Second—the writers of our profession, the physicians and surgeons, and the internes in our hospitals, the professors in our colleges, and practitioners generally, who lack the energy and industry to record their observations, have had no small share in this responsibility. We will allow, that as a rule there has not been sufficient inducement offered them to spend much time in writing, or money, in the investigation of subjects on which to write. Still, had they shown half the zeal and industry that were exhibited thirty years ago, by Chapman, Jackson, Horner, Eberle, Dewees, Mott, Francis, and others, they would have done something to maintain the character that those men

gave our periodical medical literature in their day, and advanced their own professional interests at the same time.

Lastly—the profession generally is largely responsible in this matter. While they have liberally patronized foreign periodicals and their republication in this country, they have been slow to encourage a home literature, or to recognize true merit in journals published at their own doors. Thus, we have again and again seen meritorious, well conducted journals, perish for want of encouragement, when a little discrimination, and concentration of support, would have placed them on a basis that would have enabled them to do much toward developing the medical mind of our country. Much money has been wasted in endeavoring to prop up evanescent publications, having no object in view but the advocacy of the claims of some school, party, or publishing interest, while meritorious, independent journals, have been allowed to languish and die out for want of support.

But a brighter day is dawning on this department of medical literature. It is asserting its claims to support, and those claims are being recognized by the profession, who are learning that Americans have ideas as well as foreigners, and that they can find an independent, untrammelled medical press, in which to give utterance to them. The day is not far distant when the republication of foreign medical journals will be found to be a losing business, when, of course it will cease, and when organs of schools, parties, and other mere private interests will give way before an extensively patronized independent medical press, that will offer liberal inducements to original thinkers, and show to the old world that in periodical medical literature, as well as in other things—"Westward the star of Empire takes its way."

THE "CHEMISTRY" OF QUACKS.

Several months ago, the REPORTER contained some remarks on a circular published by James C. Ayer & Co., in which the latter puffed up their "Ague Cure," and which circular fairly

teems with "hyfalutin chemical nonsense." "J. C. A. & Co.," of course, do not attempt "to give the exact atomic weight of the substance employed." Now hear the reason *why*—which they publish in a letter to the editor of the American Druggist's Circular!—*Because they could not do so with perfect certainty.* Honest quacks for once! They insist now, however, not only that the term *bituminous bases*, as used in their circular, is correct, but calling in aid one Alfred Booth, of Boston, who signs himself "Professor of Chemistry," that learned individual kicks up a tremendous chemical dust, out of which rise the "*bituminous bases*" in splendid magnificence. Listen to his nonsense.

"The exception to the term 'bituminous bases' is trivial; for any one who has mastered the rudiments even of the science would readily understand that the hydro-carbons were meant; in fact, the terms may be considered synonymous. Cinchona, as is well known, furnishes two alkaloids, quinine and cinchonine—similar to, but not identical with, each other. Professor Silliman, of Yale College, says: 'In the preparation of these alkaloids, a portion of quinine is often obtained as an uncrystallizable resinous mass, which is, however, identical in chemical composition and medicinal properties with the crystalline base.'"

Now, two things are certain: first, the "Professor" Booth, when he speaks of "*bituminous bases*," means the "*hydro-carbons*;" and secondly, when he speaks of Ayer's Ague Cure, he means an "uncrystallizable resinous mass," which is identical in chemical composition and medicinal properties with the crystalline base, i. e., quinia and cinchona.

It is evident, hence, that this celebrated Professor Booth speaks of quinia and cinchona—which are vegetable alkaloids, containing nitrogen, as of bituminous bases; i. e., *hydro-carbons*. This Booth, in quoting Silliman, does not even know that "*resinous*," as applied to the uncrystallizable mass obtained in the preparation of the alkaloids of cinchona, only refers to the *physical, tangible* properties of the residue, and by no means to its *chemical* composition, and, ignoramus as he is, he calls the uncrystallizable, resinous-looking alkaloids, containing nitrogen, *hydro-carbons*! O sancta simplicitas!

O, most learned Booth!—ye type of ye pious chemical quacks!

MORTALITY STATISTICS.

With this number we commence the publication of a regular weekly MORTUARY REPORT of some of the principal cities throughout the Union. Those who have worked at statistical tables of this kind, will understand the difficulty under which we labor, and be all the more ready to excuse any short-comings, which, for a little while, are unavoidable. The reports reach us in all shapes, and to get them into a uniform table requires a great deal of labor. We hope in a few weeks to have all the columns filled. We shall accompany the table every week with such remarks in the editorial columns, as shall suggest themselves; and for any information, as to the health of different sections, or other suggestions, we shall be much obliged to sanitarians throughout the country.

No severe epidemics seem to prevail in our larger cities. Diphtheria is still prevailing in New York, and within a week or two, cases have been more frequent in Philadelphia. New York sustains her reputation for a fearful infant mortality. The percentage of deaths in that city, under five years, during the week ending September 22d, is 55.21; in Philadelphia, 47.34; in New Orleans, 34.90; in Charleston, 32.35.

In reference to the question now agitated, whether one or two sessions should be held in the public schools of this city, one of our daily papers appeals to the medical profession to give a decisive opinion on the subject. *One session*, with a recess of half an hour, giving the children an opportunity to devote the afternoon to bodily recreation and preparatory study, is enough for all purposes; every hour spent in a second session, only tends to cripple the children bodily and mentally.

The Philadelphia College of Pharmacy.—The Introductory Lecture to the course was delivered by Mr. Procter on Monday evening last. The regular course was commenced by Mr. Procter and Dr. R. P. Thomas, on Wednesday evening. This prosperous institution has, for the present session, a much increased attendance.

Correspondence.

DISHONORABLE MERCENARY ARRANGEMENTS BETWEEN PHYSICIANS AND APOTHECARIES.

Philadelphia, October 1st, 1860.

MESSRS. EDITORS:—

The manner in which a number of medical practitioners are in the habit of exclusively patronizing some particular apothecary has often attracted my attention, and awakened my suspicions in regard to its disinterestedness. At the same time the professional character of some of those who are certainly in this habit, would seem to exonerate them from such suspicion.

Were the apothecaries, who are the sole recipients of the favors of those to whom I allude, the best to be found and most deserving of patronage, or had they any peculiar preparations which could only be obtained from their establishments, there might appear to be some reason in extenuation of the practice. But my attention, which has been lately attracted to the subject, has confirmed me in the opinion that the contrary is indeed the fact.

I had often heard of a speculating collusion between physicians and apothecaries, and have long had sufficient evidence of its existence, to some extent; but it is only lately that I have been led into enough exploration of the matter, to convince me that the vice exists to such an extent, and among so apparently respectable a class of practitioners, as to need the most thorough censorial investigation. There are druggists who make but little concealment of the practice, and there are practitioners whose prescription patronage is offered to the highest bidder. The arrangement appears to be an agreement by which the physician sending a prescription to an apothecary, receives from the latter a percentage on the amount paid for it. This percentage seems to vary from fifteen to fifty per centum of the receipts.

The inducement, therefore, of the physician in such an agreement, is to get as much money into the hands of the apothecary as possible, so that he may increase his own share of it. With this object he prescribes as much and as often as possible, giving large doses, and changing the remedy frequently. An eight, or twelve ounce mixture, in which a grain or two of the tartrate of antimony is dissolved, and flavored with a bitter tincture, is a favorite prescription with a practitioner in extensive practice in the upper part of this city, and who receives almost a moiety of the amount paid for it by the patient. It can well be imagined that such a course may be profitable to both physician and druggist.

The plea of those medical men, who are given to this vice, would perhaps be that many of

their patients do not pay them for prescribing, and that only by extortion in charging for the medicine, to secure which cash must be paid, can they be compensated for their services. Such, in the state of affairs which they have themselves brought about, may be the case, but the remedy is in their own hands. They have only to refuse attention to those who do not compensate them, and who are not proper objects for professional charity. But the speculative collusion between the physician and druggist, tends to increase the unfortunate habit of not compensating physicians, because the former becomes indifferent about demanding a fee, while he is certain of eventually getting something from his well-drugged patient, through the intervention of the latter.

Its oppressive effect on the poor and suffering patient, who seeks relief from his afflictions by an appeal for professional charity, and then has his last pennies extorted for a prodigious drench of slop, is too contemptible for any association with a calling, which claims to have the relief of human suffering for its object.

Perhaps the practice is confined to certain localities of the city; my own observation of it has been mostly confined to one rather suburban neighborhood.

Every honorable physician will acknowledge how degrading to the profession is this disreputable truckling for lucre. It is already suspected, and openly hinted at in the community, and must, in becoming generally known, as it certainly will, be toward the profession the cause of an irreparable loss of confidence and respect.

I appeal to every honest medical practitioner to aid in exposing and condemning, as unworthy of professional courtesy, every man whom he knows to be guilty of a dishonorable alliance with druggists, and to withhold from the latter the patronage of his own prescribing.

To the Censors of medical and pharmaceutical societies the subject commends itself, as one deserving their scrutiny.

ESPRIT DU CORPS.

TANNINE AS AN ANTIDOTE TO STRYCHNIA AND NARCOTIC IRRITANTS.

[Dr. Patze, of this city, referring to a short article, published in the *Reporter*, a few weeks since, writes to us as follows:]

MESSRS. EDITORS:

The recommendation of tannic acid, as the surest antidote in poisoning with narcotic alkaloids (morphia, etc.) by Foulmouth and Meurer, induced Lüdicke to use it in poisoning with strychnia, and with eminent success. Allow me to add a few cases to those already on record.

While practising in New York, I was called to see a little boy four to five years of age. I found him in a peculiar state of excitement, his

cheeks suffused with a circumscribed redness, his eyes unusually bright, reddened, and moving in a staring manner; now jumping from his couch, as for a pursuit, then cowardly crawling under his coverings; the skin dry, moderately warm, pulse somewhat accelerated, but slower than might be expected, considering his general excitement. He had very vivid delirium, talking of his horses, dogs, as if he were in hot pursuit or running away from them. With some difficulty it was ascertained that he had eaten stramonium seeds. With cold fomentations to the head, and two grains of tannin at a dose, repeated every half hour, or hour, he recovered very rapidly.

Some years ago, at Stettin, in Prussia, I was called to see a little girl between three and four years of age, whom I found in a very alarming condition; the face red, foaming at the mouth, stertorous breathing, violent convulsions, incessant lateral motions of the spine; pulse rather slow and full. It was soon ascertained that the child had been eating freely of the berries of *solanum nigrum*. An injection of warm water and vinegar was at once given, and tannin administered internally in two grain doses. The effect of this was surprising. The next morning the child was out of danger, and a few days later, under derivatory treatment on the intestinal canal, she was perfectly restored.

Permit me here to call attention to the peculiar effect which acrid narcotic poisons seem to have upon the motary spinal nerves, producing a snake-like movement of the body. In a case of poisoning by belladonna, which I witnessed, this winding motion of the body was extremely well marked, presenting a horrid spectacle. The same movements were present, though not in so violent a degree, in the cases above related.

A. PATZE.

EUROPEAN CORRESPONDENCE.

Glasgow, September 11, 1860.

Editors of Medical and Surgical Reporter:

GENTLEMEN:—In my present letter, I shall make a few observations upon the existing condition of the medical profession in England. There is not, as with us, one class only of medical men, who alone are recognized as regular practitioners; but, instead of that, there are three or four grades, to only one of which the title of M. D. is annexed. This unnecessary subdivision causes confusion and jealousy, and many are in hopes that a simpler system will, before long, be adopted.

What may be called the lowest grade, consists of those who have the license of the Apothecaries' Hall. These are called Apothecaries; but, instead of confining themselves to Pharmacy, they practise medicine, and have a

legal right of prescription.

This strange circumstance, however, of Doctors of Charges, and Apothecaries, in former times, might prescribe, therefore was remunerated, great deal of for it. But germs of a

From having their hands higher than to be a recipient, obliged to go to get their Medicine, as gone to be a

The Surgeon, England, in the College diploma, if tried on, in connected with of conferring only to prevent by others that

The great land have the Hall are called

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A peculiar institution of the M. D.'s their service the end of at every guinea. In one instance at a distance

legal right to prescribe and to charge for their prescriptions.

This strange state of affairs arose from the circumstance of the comparatively small number of Doctors of Medicine, and their high scale of charges, which caused most persons to consult Apothecaries in slight cases of sickness. In former times, the Apothecary, although he might prescribe, had no right to charge, and he therefore was obliged, in order to obtain a fair remuneration for his trouble, both to give a great deal of medicine and to charge very high for it. But the evil bore in its own nature the germs of a remedy.

From having so much practice thrown into their hands, they very naturally adopted a higher standard. By degrees, they have come to be a recognized body, and are no longer obliged to overdose, or pretend to do so, in order to get their fees. A regular examination in *Medicine*, as well as in *Pharmacy*, must be undergone to be admitted into their ranks.

The *SURGEON*, as the term is employed in England, means a man who has the license of the College of Surgeons. The studies for this diploma, if it may be so called, are usually carried on in some hospital, and in a school connected with it, which school has itself no power of conferring any degree whatever, but serves only to prepare the student for the examination by others than its own professors.

The great mass of the practitioners of England have the diplomas of both the Apothecaries' Hall and of the College of Surgeons. They are called "*General Practitioners*."

A still higher grade is formed of the Licentiates of the College of Physicians, and to these the title of Doctor or Physician is given, although they have no right to add "*M. D.*" to their names. This right belongs solely to the graduates of a University—that is, of Oxford, Cambridge, or of University College, London, and their number is consequently very limited, although the *M. D.*'s of Scottish or Irish Universities are also recognized. In Scotland, the Universities of Glasgow, Edinburgh, and Aberdeen, can confer the degree, and in Ireland it is conferred by Trinity College, Dublin, and by the Queen's University, which has Colleges at Cork, Limerick, and Belfast. In Scotland, the same constitution of the medical profession does not exist—at least, not to the same extent; for a much greater proportion of the practitioners take the degree of *M. D.* from some one of the Scottish Universities.

A peculiarity worth mentioning in the constitution of the profession in England, is, that the *M. D.*'s have no legal right to charge for their services, and instead of sending a bill at the end of a year, or six months, they are paid at every visit, the regular charge being a guinea. In the country, however, I heard of one instance in which a physician visited even at a distance for much less. The fact was men-

tioned in a manner which showed that the action was considered unprofessional.

I shall now give a brief account of one of the Scottish Universities, viz: that of Glasgow. It is a large building, built in a very ancient style, in three quadrangles, and contains a number of lecture rooms, some of which are devoted to medical lectures exclusively. This was not the case in one of the Queen's colleges which I visited in Ireland, where lectures on Logic, Latin and Surgery were delivered in the same room. The professorial chairs are, as far as relates to medicine, divided just as in the University of Pennsylvania, with the addition of a chair of Botany, and one of Forensic Medicine. There is also a Waltonian lecturer on the eye, William Mackenzie, who is also a surgeon of the Glasgow Eye Infirmary, and with whose name all your readers are of course familiar.

The chair of Natural History, in the University is ably filled by Henry D. Rogers, LL. D., a brother of the distinguished Professor of Chemistry in the University at home.

First in the list of officers of the Institution comes James, Duke of Montrose, Chancellor. There is also a rector, the Earl of Elgin. These offices are not much more than nominal, indeed, I was informed that the whole duty of the Chancellor consisted in delivering an address at stated intervals.

I visited in the University the Hunterian Museum, (that of William Hunter.) It is of considerable size, and additions are from time to time being made to it, particularly in the department of embryology. The strictly medical portion of the museum is in the basement of the building appropriated for it, while on the main floor, there is that part relating to Comparative Anatomy, interspersed with curiosities of various kinds, such as old books, old paintings, &c. I saw the cabinet of *Materia Medica* of the Professor of that branch, but it was very insignificant and not worthy of notice.

What interested me more than the University was the Hospital, or (as it is called) the Glasgow Royal Infirmary, which contains 600 beds, and to which a large additional building, now in process of erection, will soon be added. It is a large stone building, five stories high, but inside, the favorable impression made by the handsome exterior, is, in a great measure, done away with, for the entries are narrow and the wards are rather crowded. I was surprised to find that patients with contagious diseases were received, although kept in a separate part of the building from the other patients. This part of the house the physicians distinguish by saying it is for the *fever patients*; for although the distinction between typhus and enteric fever is beginning to be recognized even here, yet in ordinary conversation the term fever means typhus.

A new thing to me in the Hospital was the lecture room for post mortem examinations, a room which would contain one or two hundred

students. I saw there a printed abstract for the guidance of the student in making post mortems, which was headed "Pathological Report," and had printed on it the name of all the parts which it would be at all necessary usually to examine, with blank spaces opposite, to be filled up by the description of the case under examination.

I noticed in the Hospital only one case of interest among the few that were shown to me. This case was one of excision of the head of the femur for ankylosis. After the operation great difficulty had been found in preventing protrusion of the end of the femur, and it had only been overcome at last by restoring the limb to its former bent position, making counter-extension at the perineum, and extension by means of a heavy clock-weight attached by a rope to the knee, the rope passing over a roller on the side of the bed. Abscesses were burrowing down the thigh, and had been opened in several places, but I was told that the man was in better condition than before the operation.

The next letter I shall send to you will probably be from Edinburgh.

Very truly, yours,

M. D. ABROAD.

NEWS AND MISCELLANY.

Distinguishing Blood-Stains.—Before the coroner's jury in the recent murder case in this city, Professor LEIDY gave the following testimony, which will be read with interest:

September 28th to October 1st—Made numerous examinations of blood stains on a piece of oilcloth, and other substances, submitted to me September 27, by officer Schlemm, at the request of Mr. Mann.

Repeated microscopic examinations of the stains exhibited many of the peculiar corpuscles which characterize blood.

Made a number of microscopic measurements of the blood corpuscles of the blood stains.

The blood corpuscles had the circular discoidal shape, and the structure of those of man and other mammals generally.

By comparison with my own blood, dried and treated in the same manner as the stains, the blood corpuscles of the latter were observed to correspond with those of the former, in shape, structure and measurement.

Too much importance, however, should not be given to these facts, as has been by high anatomical authorities, for the blood corpuscles of the horse, ox and hog, closely resemble those of man, and differ only in being smaller. Those of the dog are also of the same shape and structure, and even closely approximate in size the blood corpuscles of man.

The blood of a chicken, in the fresh state, exhibited the oval discoidal corpuscles longer

than those of man, and containing an oval nucleus. The chicken blood, dried and treated in the manner of the blood stains, exhibited none of the characteristic oval corpuscles. These had all ruptured in the drying and subsequent solution, but their nuclei remained unbroken. The nuclei were exceedingly abundant, oval, and about half the size of the blood corpuscles of the stains and of my own blood. Excepting these small oval nuclei and some fat globules of no definite size, no corpuscles were observed in the dried chicken blood resembling those of the blood stains.

A number of flattened oval bodies, of variable size, mingled with the blood stains, and bearing a general resemblance to the corpuscles of chickens and other bird blood, by treatment with iodine, turned blue, thus proving to be starch granules, prevalent everywhere as a constituent of dust. No other bodies, resembling the blood corpuscles of chickens' blood observed in the blood stains.

Several small grey and brown hairs, mingled together with dirt in the blood stains, proved, on microscopic examination, to be hairs of the horse. No feathers or hairs, like those of chickens, nor hairs like those of man, were observed mingled with the blood stains. Some small pebbles and chips, with the blood stains, were treated with water. The solution by boiling emitted the odor of blood, coagulated in part, and assumed a dirty, gray appearance; solution of potass dissolved the coagula, and the resulting liquid presented a red color, by transmitted light, a greenish hue by reflected light. This double color has been considered as one of the peculiarities of blood.

Inferences.—That the blood stains strongly resemble, in their constitution, those of human blood; the blood of the dog, the hog, the ox, or the horse; that the blood stains bear comparatively little or no resemblance to those made by the blood of the chicken or other birds.

Physical Education.—There is no better evidence of the attention which is now being given to physical education, among the refined and intelligent classes, than is presented in the gymnastic establishment of Messrs. Hillebrand and Lewis, in this city. Both sexes, and persons of all ages, from almost infancy to advanced years, whether enfeebled or vigorous, are, by a progressive system of exercise, developed to a physical condition which cannot be otherwise obtained.

A visit to the institution during the exercising, will convince any one of the practicability of the means presented for training the body to the highest state of health.

Disease may be defined as a perversion either of the functions, or of the structure of the body, or of any of its parts.—*Hartshorne's Memoranda Medica.*

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Consumption of Alcohol.—At the recent meeting of the American Pharmaceutical Association, Mr. FREDERICK STEARNS, of Detroit, Michigan, submitted a paper on alcohol, stating that the Ohio River Valley contributed the largest share of whisky and its derivatives produced in the United States. The amount of whisky which finds a market annually in Cincinnati, is about 500,000 barrels, worth on an average, one year with another, \$5,000,000. An estimate of the total product of whisky in the United States, based upon its production in the several States, and not upon the receipts of the large Eastern market, gives 1,500,000 barrels. The total product of alcohol in the United States, is 184,000 barrels, worth over \$7,000,000. Of this quantity one-fourth is manufactured in Cincinnati. The manufacture in that city has, however, fallen off at least one-half, since 1858, when it reached its maximum, owing to the foreign demand, which has been nothing since. It is estimated that, until the introduction of illuminating coal oils, by far the largest proportion of the common alcohol produced, was employed in the manufacture of burning fluid; since, however, the largest proportion is employed under the name of pure and proof spirit, in the manufacture of domestic brandy, gin, etc.

In the remarks that followed upon this paper, a statement was made, which was corroborated by several members, that in making Catawba brandy, instead of its being distilled from Catawba wine, as is generally supposed, the mare, consisting of seed, skins and pulp, is placed in a still with ordinary whisky, and distilled, and constitutes the Catawba brandy of Commerce. Catawba wine is \$1.50 per gallon, and to produce the brandy from it would cost from \$6 to \$8, while it is offered at from \$2.50 to \$4 per gallon.

A Learned Doctor.—A correspondent of the Nashville Journal of Medicine and Surgery, writes as follows:

Below you will find a prescription, or rather directions for taking one, which, if you see proper, you may publish for the edification of the million. The author is one who makes great pretensions to medical learning; cures consumptions, cancers; knows more than any one else; claims to be a regular practitioner. I send you a perfect copy, retaining the original in my own possession:

"put the powders in to a quart of good whiskey take about a table spoon full at atim morning before eatin before Diner at twelv and before Super when half out ad a pint more of whiskey then use all up thes Drops take a tea spoon ful at atim morning and night if ther is more than too axions on the bowels aday tak less of the biters Regulate the doas by the bowels dite eat what ever will a gree with the stumark keep the bowels regular. Jan. 25, 1860.

"DR. W. G. GRAY."

Singular Death by Bees.—From Lautschin, in Bohemia, we hear that, on the 14th of August, the funeral of a man took place who had been stung to death by bees. The deceased was a landed proprietor in Itzbic, about thirty years of age, and, while intoxicated, staggered against his bee-hives. The indignant bees swarmed out by thousands, and completely enveloped him from head to foot; nor did they cease stinging him until life was extinct. In order to remove the body from the neighborhood of these hives, recourse was had to a hand engine to prevent the further onslaught of the bees, and the people were obliged to put on the clothes they wear when taking the honey from the hives, in order to preserve themselves from the fury of the enraged insects. Nor would they relinquish the corpse even of the unfortunate man, until they and it were drenched with water from the engine. The bees were so infuriated that not even birds and other animals escaped their wrath; dogs howled with pain, and terrified chickens and geese, screeching with pain, flew high in the air.

Cure for Burns.—Dr. Franchino, in the *Gazetta Medica Italiana*, states that the application of cherry laurel water to burns, cures them with great promptness. Among other advantages, it possesses that of suppressing the pain almost completely, of calming the agitation, the heat, etc. M. Franchino mixes it in proportion of eight parts to a hundred, with solution of gum arabic, and applies compresses soaked in this mixture, upon the burnt surface, after having it previously cleaned, and the phlyctenæ pierced. In order to renew the dressing, the compresses must be softened before their removal, by covering them with other compresses soaked in water.

Curious Case of Monomania.—The following, if not a *canard*, is a curious case of monomania:

A citizen of Berlin, a man in comfortable circumstances, is periodically attacked with a desire to knock off hats. He afterwards makes up the loss to the astonished victim of this strange fancy by the payment of three thalers. According to the calculation of his family, in the past year he has been obliged to make good the loss of two hundred and sixty-seven hats. At a recent musical festival, fifty-three hats were sacrificed to this curious frenzy, and for the evening's entertainment he paid a hundred and fifty-nine thalers.

Dr. Reese's Course on Medical Chemistry will soon commence, embracing about forty lectures. They are to be delivered at the rooms, No. 915 Sansom street. In addition Dr. Reese proposes giving a course of practical instruction in the Laboratory, including toxicology. Applications may be made at the Laboratory of Booth, Garrett & Reese, No. 10 Chant street, Tenth below Market.

Mr. Wharton Jones' Stereoscope for Single Pictures.—The *Medical Times and Gazette* says, that this is a very important and interesting discovery. An ordinary binocular opera glass can be fitted with the stereoscopic glasses. In a landscape thus viewed, the objects represented are all taken in by the two eyes at one glance, and appear to stand out in their relative positions and distances, while the horizontal recession of the distance toward the horizon is very evident. The amount of stereoscopic effect thus given is sufficient to impart to the picture much of the appearance of reality which the real scene, viewed with the two eyes, would have presented; for, in pictures, the objects are commonly represented as seen at some distance, and could not, therefore, have appeared in nature to the two eyes in much stronger relief.

Euthanatopsis.—The late Dr. Theophilus Thompson, in the following beautiful language, concludes his *Clinical Lectures on Consumption*:

"Am I passing beyond becoming bounds in suggesting the reflection that, while witnessing such transitions from languor and decay into undying life, we may ourselves realize the truth that death is not the end of existence; that it is something grander than human skill defeated; that when art can do no more, and 'friends weep at the vestibule as the spirit passes out of the door,' we may win glimpses of brighter scenes, where the cares and passions of this lower life shall cease to engross, and the germs of opening science shall expand into the fulness of infinite truth."

Velpeau's Opinion of Acupressure.—The Parisian correspondent of the *Lancet* says, that at a recent meeting of the Academy of Medicine, Velpeau stated that he considered acupressure "an uncertain means of arresting hemorrhage, and that it would never supercede the ligature, although he readily admitted the imperfection of the latter means, and thought it most advisable, when possible, to avoid the presence of a foreign body in the wound."

Clinical Instruction in Bellevue Hospital, New York, has, by order of the Commissioners, been made free to students, almost at the same time that a similar course was adopted by the Board of the Philadelphia Hospital. This makes all the Hospitals of New York accessible to students free of charge. It is, we think, high time that the Pennsylvania Hospital should follow.

Illegitimacy in Scotland.—In the Lochee district of the Parish of Dundee, a considerable part of which is rural, 47 births were registered during the quarter ending June, of which 12 were illegitimate, being at a rate of 25 per cent. This is the highest rate of illegitimacy which the Scotch returns show.

Year Book of American Contributions to Medical Science and Literature.—We call attention to this work, the programme of which was published in a previous number. It is to be edited and published by Dr. O.C. Gibbs, of Frewsburg, Chautauqua County, N. Y. Those who wish to secure the work, soon to be issued, if sufficient encouragement is given, should not hesitate to send in their subscription, (3 dollars.) Dr. Gibbs' eminent capacity for this kind of medical literature, is too well known to need any encomium on our part.

Cod-liver oil holds, at the present time, a very high place in the list of analeptics. All medical observers are not of one opinion in regard to its value; but most of them believe it (on the basis of experience in practice,) to be the best and most reliable (where it is tolerated) of all recuperative medicines; not only in consumption, but in all other wasting diseases.—*Hartshorne—Memoranda Medica.*

The *Introductory* in the medical colleges of this city will be delivered on Monday next, Sept. 8th, as follows:

University of Pennsylvania—Medical Department: JOSEPH CARSON, M. D., Professor of Mat. Med. and Pharmacy; at 12 M.

Jefferson Medical College.—PROFESSOR DUNGLISON, at 7½ P. M.

Pennsylvania College—Medical Department.—PROF. HENRY HARTSHORNE, at 5 P. M.

The *International Congress of Chemists* held its twelfth annual session, at Carlsruhe, on the 4th of September. The proper means were discarded by which the application of a uniform system of atomic and molecular terms could be arrived at.

Small mortality on the Western coast of Africa.—It would appear from the quarterly report of the head physicians of the French colony of Senegal, that during the last quarter, no death occurred at the hospital of St. Louis.

Prof. E. M. Moore, formerly of Starling Medical College, has been appointed to the chair of Surgery in the Buffalo School, made vacant by the resignation of Prof. Hamilton.

Dr. R. J. Paterson, Superintendent of the Ohio Idiot Asylum, has been appointed Superintendent of the Iowa Hospital for the Insane, at Mount Pleasant, Ohio.

Dr. G. M. B. Maughs, of the Kansas City *Medical and Surgical Review*, has been appointed to the chair of Chemistry and Physiology in the Missouri Medical College.

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Dissecting Wounds.—At a recent meeting of the New York Medico-Chirurgical College, Professor CARNOCHAN gave an account of his late sickness—a dissecting wound—contracted while making an autopsy on a dropsical patient, who had also suffered from ovarian troubles, the liver and some other organs being diseased. We give this interesting account as published in the *American Medical Gazette* for October:

"The autopsy was made in some haste, and no opportunity was afforded for obtaining lard or oil for the protection of the hands. The contents of the abdominal cavity were still warm, though life had been some hours extinct. Having laid open the abdomen, and absorbed the accumulated liquids by sponges, the hands of the operator were passed into the cavity, and the diseased organs were sought out and examined. The wound being sewn up, he washed his hands, and as he had not punctured them during the necropsy, nor could perceive any abrasion of the skin, he was not alarmed, when, in the evening of the same day, he felt the ends of his fingers somewhat painful. Next morning the forefinger was swollen, as if affected with felon. Still he would not believe that any trouble was to be apprehended, and no remedial measures were adopted. The inflammation, however, spread, and the pain increased. The following day the malady seemed to be gaining ground, and in the evening the swelling extended to the wrist. He naturally became alarmed, and soaked his hand in ley, but it was too late; the virus had been absorbed, and the symptoms continued to increase in intensity. The lymphatics became much enlarged, and the limb generally swollen. Irritative fever supervened, and suppuration commenced about the hand, accompanied with considerable hardness in the affected parts. He called in some of his medical friends, and after consultation, openings were made on the forefinger, the back of the hand, and higher up on the arm. The evacuation of the pus did not diminish the pain, but, on the contrary, seemed sometimes rather to aggravate it. After one of the incisions he became perfectly prostrated with agony, the digital nerve being probably in part divided. As the disease progressed he became typhoid, probably from the absorption of the virus, and was treated with brandy, quinine, and stimulants. Symptoms of pyæmia also appeared. The brain was stunned, and he remembers scarce anything for two weeks. By degrees the malady spent its force, and the pain began to subside; but the amelioration was slow, and very different from that of ordinary traumatic lesion. The constitutional symptoms, also, slowly abated.

Of the special points of interest in the case, one was the zymotic influence of the virus. It seemed to have a power of generating new morbid corpuscles, and propagated itself in all directions with considerable rapidity. Thus the inflammation speedily invaded the whole of the

hand, stiffening the fingers, so that fears were entertained that the use of that member might be entirely lost. Thence it spread upward through the limb, but happily it was arrested before invading with any considerable virulence the axilla, which was the principal seat of supuration in the recent lamentable case of Dr. De Sa, a young Brazilian physician, who recently died at Paris from a dissecting wound in the thumb.

After one of the incisions, Dr. Carnochan felt spasmodic twitchings in various parts of the body; and the muscles, especially of the calf of the leg, contracted violently, causing much pain. The temporal muscles were also affected, and there was a consequent stiffness about the jaws, and a hardness about the zygomatic arch. These symptoms, which seemed initiatory of tetanus, happily soon passed away. In the case of Dr. De Sa no such spasms occurred, though he, as well as Prof. Carnochan, was so tormented with pain that sleep was impossible, except when procured by morphia or other narcotics. The pain resembled that of neuralgia, and was probably due, in part, to pressure made on the nerves, through the hardening and contraction of the exuded products of inflammation poured around them. Hence, in proportion as the nerves became accustomed to these new conditions, their abnormal sensibility was diminished, and the pain gradually became less intolerable.

It is remarkable to how great a degree the state of health of the recipient controls the effects of dissecting wounds. In both the cases we have mentioned, and in nearly all others that have come to our knowledge, the infected constitution was suffering at the time from irritability or diminished health. Usually, also, the virus has been received from a recent subject."

Cold versus Heat.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3,177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2,717.—*Lancet*.

Dr. Geo. T. Elliot has resigned his Lectureship in the College of Physicians and Surgeons, New York.

✂ In consequence of an accident in the press, the publication of our last issue was delayed, causing its distribution in this city and by mail to be irregular, for which we apologize to those concerned.

Office Payments—Dr. H. S. Jacoby, (Pa.), Dr. B. M. Collins, (Pa.), Dr. F. R. Gregory, Dr. Fonday, Dr. S. C. McCormick, (Pa.), Dr. R. C. Hayes, (Pa.), Dr. G. Y. Shoemaker. By Mr. Swaine: Dr. P. W. Russell, Dr. P. M. Lyons. By Mr. Hulme: Drs. A. D. Markley, J. Lambert, J. G. Mensch, N. Applebach, S. R. Keeler, A. F. Shelly, S. J. Funk, B. C. Walter, F. A. Kitchen, A. Stout, W. F. Martin, H. Riegel, W. E. Barnes, G. J. Scholl, W. H. Crawford, G. Klinefelter, C. B. Warrington, C. Sellers, J. H. Dickensied, J. S. Shimer, S. R. Rittenhouse, W. Herbert, J. H. Helfrich, C. E. Shoemaker, J. Kern, G. S. Kast, D. K. Shoemaker, J. G. Ohl, A. A. Ziegenfuss, J. H. Wythes, R. C. Fruit, S. W. Trimmer, R. H. Tubbs, J. J. Rogers.

ADVERTISEMENTS.

HARRIS—At Baltimore, September 29th, Professor Chapin A. Harris, M. D. The *Baltimore Patriot* says:

In the death of Professor Chapin A. Harris, science loses who had, in the particular branch to which he dedicated his labors, no superior. He was born in Western New York, (Onondaga county,) in 1806, graduated in medicine in 1829, the practice of which, in a short time, he resigned, to devote himself exclusively to the science and practice of dental surgery. In this he had no equal. He raised that profession, both by his writings and example, far above the place it had up to this time held, through the neglect and ignorance of its practitioners; and by his continued efforts and his scientific developments, he gave it an honorable position. To that profession he is thoroughly well known, both by his writings and by reason of the fact that as chief of the Baltimore College of Dental Surgery, he has helped to instruct and form some of its most useful members. Dr. Harris was not better known, though more widely, for these labors and qualifications, nor more respected than he was for an amiable, kind-hearted disposition, and the most exemplary virtues of private life.

"Every Member of the Profession should possess a copy, even although he owns the original."—*Brit. Am. Med. Jour.*

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DR. TURNBULL will commence his regular course of Lectures and Clinical Demonstrations on the above subjects, at his house, 1208 Spruce Street, and at the Howard Hospital, 1812 Lombard Street, about the middle of October, 1860. This course treats of the clinical use of the Ophthalmoscope in its application to the diagnosis of obscure diseases of the eye. Also, the use of the Otoloscope in affections of the ear. Dr. T. has provided himself with large and beautiful drawings, also, the celebrated models of "Auzoux" of the eye and ear for class demonstrations.

TO PHYSICIANS AND DRUGGISTS.—A four story well built corner property and drug store (an old stand) centrally and pleasantly located in the city, with a good practice, will be sold for \$7,500; \$4,000 may remain on the property; or the store and practice will be sold for \$1,200, and the property rented for \$500. By attention a good office practice may be secured, or the store made to do a good business. Satisfactory reasons will be given for selling. Letters containing return stamp promptly answered. Address M. D., care of Publication Office of the *Medical and Surgical Reporter*, Philadelphia. tal

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Dr. Lodge will commence a Course upon the above subject, about the 1st of November, to continue until the middle of January, embracing a series of Twenty Lectures and Practical Demonstrations.

The object of the Course will be to extend an opportunity to those desirous of becoming familiar with the Chemical Physiology of the Urine, its various Pathological Deposits, their Microscopic Characters, Diagnosis, and Therapeutical indications.

Arrangements have been made by which specimens of the most important urinary deposits occurring in the several Hospitals of this city can be obtained.

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Fee for the Course, \$5.00.

Philadelphia, Sept., 1860.

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BROOKLYN, N. Y.

THE COURSE preliminary to the session of 1861, will begin on the 18th of February, and the Regular Lectures on the 18th of March, to continue sixteen weeks.

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THE Rooms of this old established Institution, under the management of Dr. D. HAYES AGNEW, are now open to students and physicians desirous of prosecuting their studies. A full Course of Lectures will be delivered on special and Surgical Anatomy, commencing about the 11th of October.

The colleges leave it optional with the student where he takes out his dissecting ticket.

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